

Name
in
Full

Ethel R. Beddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at New Henderson	Caroline		
Date of death 1909	Month Feb.	Day 28	Years Age 2
Sex Female	Color or Race White	Birth-place	MARYLAND " Delaware
Occupation	Where Reiding if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name Georgie Wheeler		John T. Beddle	Delaware
Name of person giving Information	John T. Beddle	Mother's Birthplace	Mary Land
		How related to deceased	Father

CAUSES OF DEATH

Primary

Bronchitis (Chronic)

Immediate

Exhaustion

91

How long

6 Weeks

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. Silver
Goldsboro andPHYSICIAN
OR CORONER

Accident or Suicide

Wobrett

Name
in
Full

Earie Billrough.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

x9

PHYSICIAN
OR CORONER

Town	Carrington			County	MARYLAND		
Died at near Graysboro	Month	Day	Age	Years	Months	Days	
Date of death 1909	2	3	000	10	20		
Sex Male	Color or Race	White	Birth- place	near Graysboro			
Occupation None	Where Residing if not at place of death _____						
Married, Single or Widowed Single	Name of Wife or Husband _____						
Father's Name Alfred Billrough				Father's Birthplace Pinel Ba.			
Mother's Maiden Name Ada Bennett				Mother's Birthplace Mr. D.			
Name of person giving Information Dame Billrough	How related to deceased Uncle -						

CAUSES OF DEATH

85

How long

2 weeks

How long

1 day

Primary

Bruxal Hemorrhage

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

DR. McNamee
Grindstone
Wards

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Wm G Bradley

CERTIFICATE OF DEATH

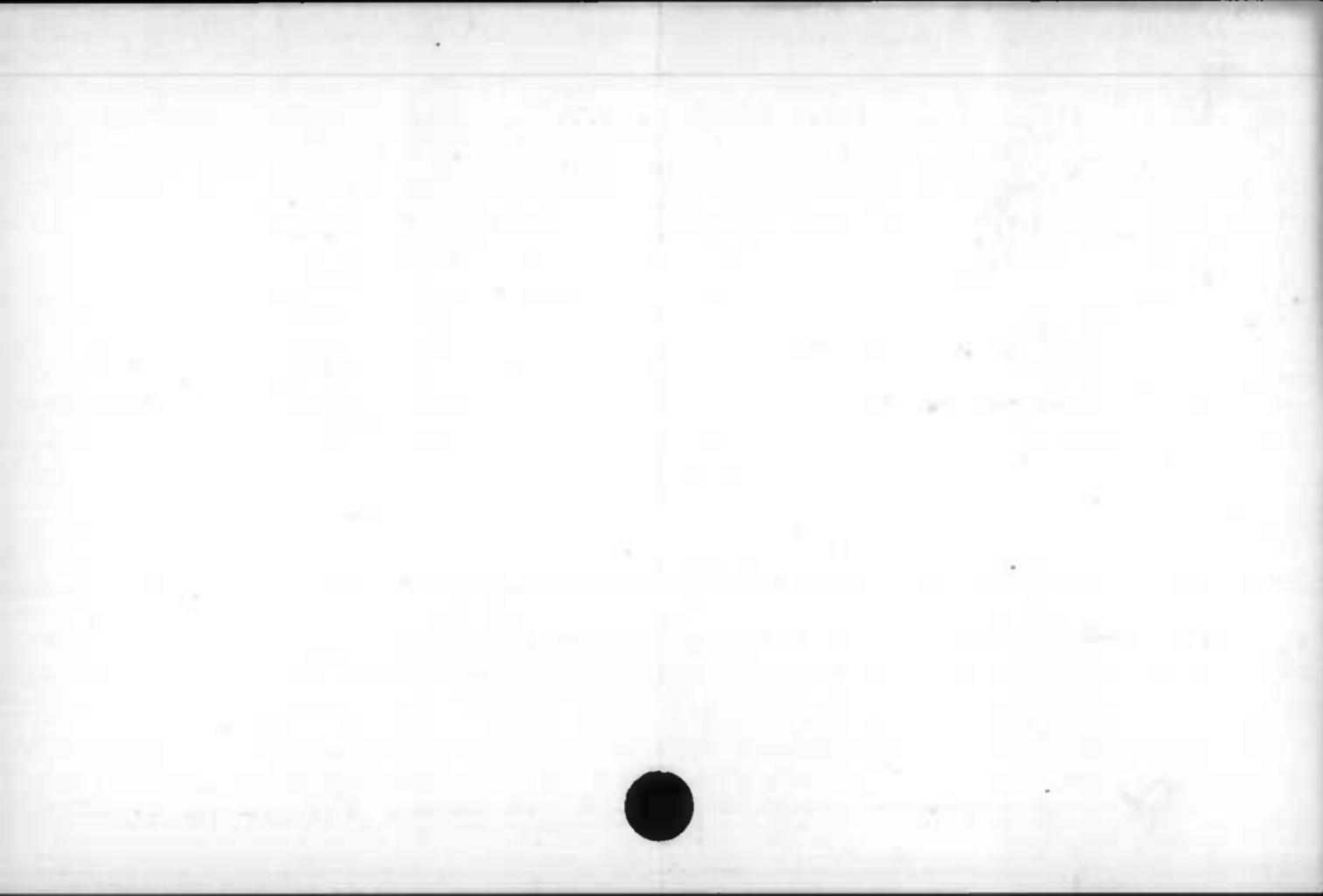
Died at		Town	County	MARYLAND	
Died of death	1909	Month Feb	Day 14	Years 63	Months Days
Sex	male	Color or Race	white	Birth-place	md
Occupation	clerk	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mary N Bradley		
Father's Name	William Bradley		Father's Birthplace	md	
Mother's Maiden Name	Rhoda Collins		Mother's Birthplace	md	
Name of person giving information	Mary N Bradley		How related to deceased	wife	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	
Immediate	How long 10 days	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician R Kemp Jefferson
J	Address Federalsburg md	
Accident or Suicide?	no	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brown

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Goldsboro	Carolinis				
Date of death	1909	Month 2	Day 27	Years —	Months —	Days 9
Sex	Female	Color or Race	Black	Birth-place	maryland	
Occupation						Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Albert Brown					Father's Birthplace maryland
Mother's Maiden Name	Selig Brown					Mother's Birthplace maryland
Name of person giving Information	Margrett Warner					How related to deceased Grandmoh

CAUSES OF DEATH

Primary

Hypremenia

93

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

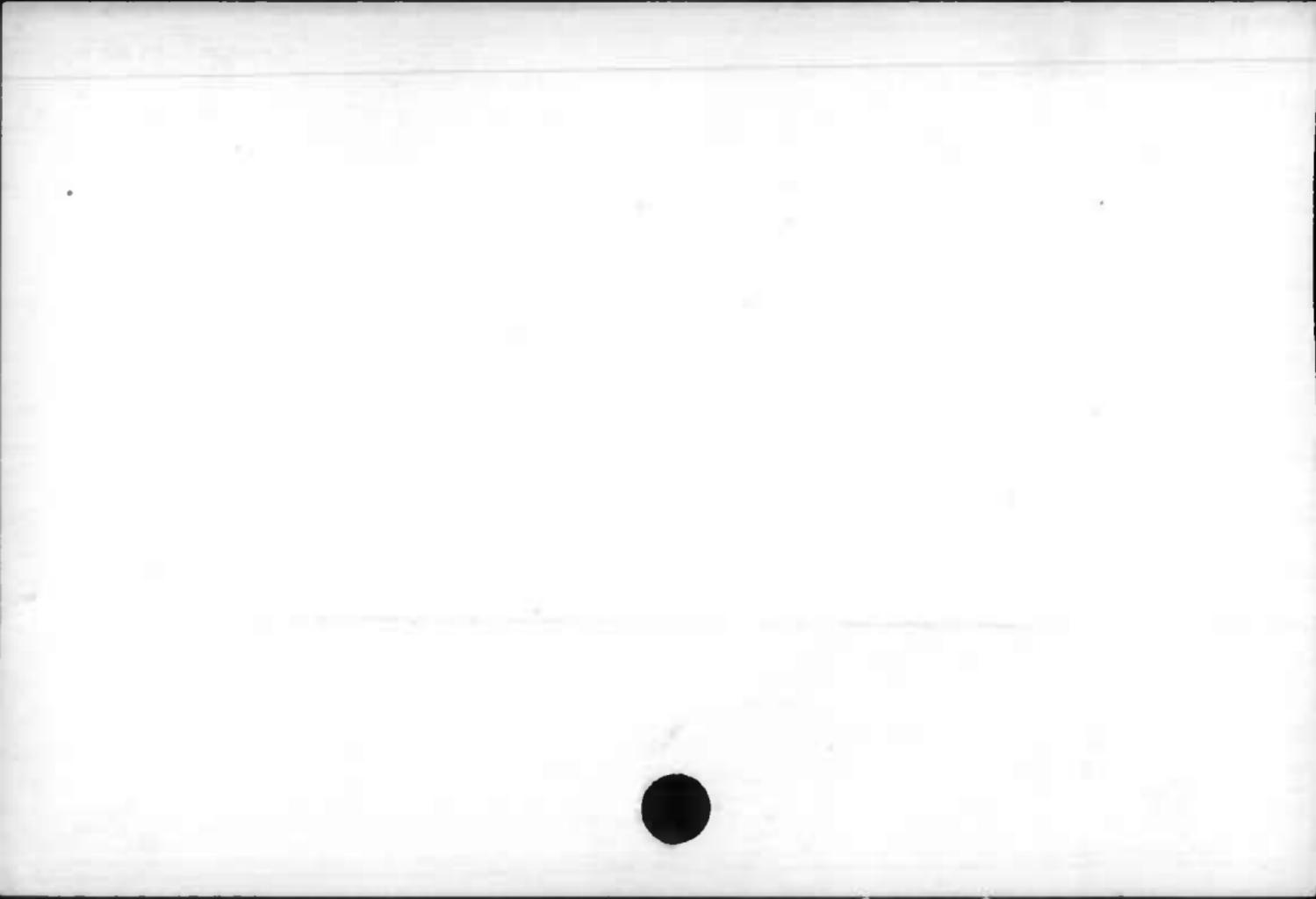
yes

Signature of Physician

Address

Wm LeCooper Coroner
Goldsboro

Accident or Suicide



Name
in
Full

Julius H. Bryant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Denton			County	Caroline		
Died at	Month	Day	Years	Maryland	Months		Days
Date of death	1909	2	19	Age	72		
Sex	Male	Color or Race	White	Birth-place	Ms.		
Occupation	Lumber			Where Reiding if not at place of death			
Married, Single or Widewad	Widower		Name of Wife or Husband	Julia H. Bryant			
Father's Name	John H. Bryant			Father's Birthplace	Md.		
Mother's Maiden Name	Gaffey			Mother's Birthplace			
Name of person giving Information	Mark Bryant			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

120

How long

6 mos

Immediate

Paralysis -

How long

2 hrs

Are the name, age, sex, color, date and place correctly given above?

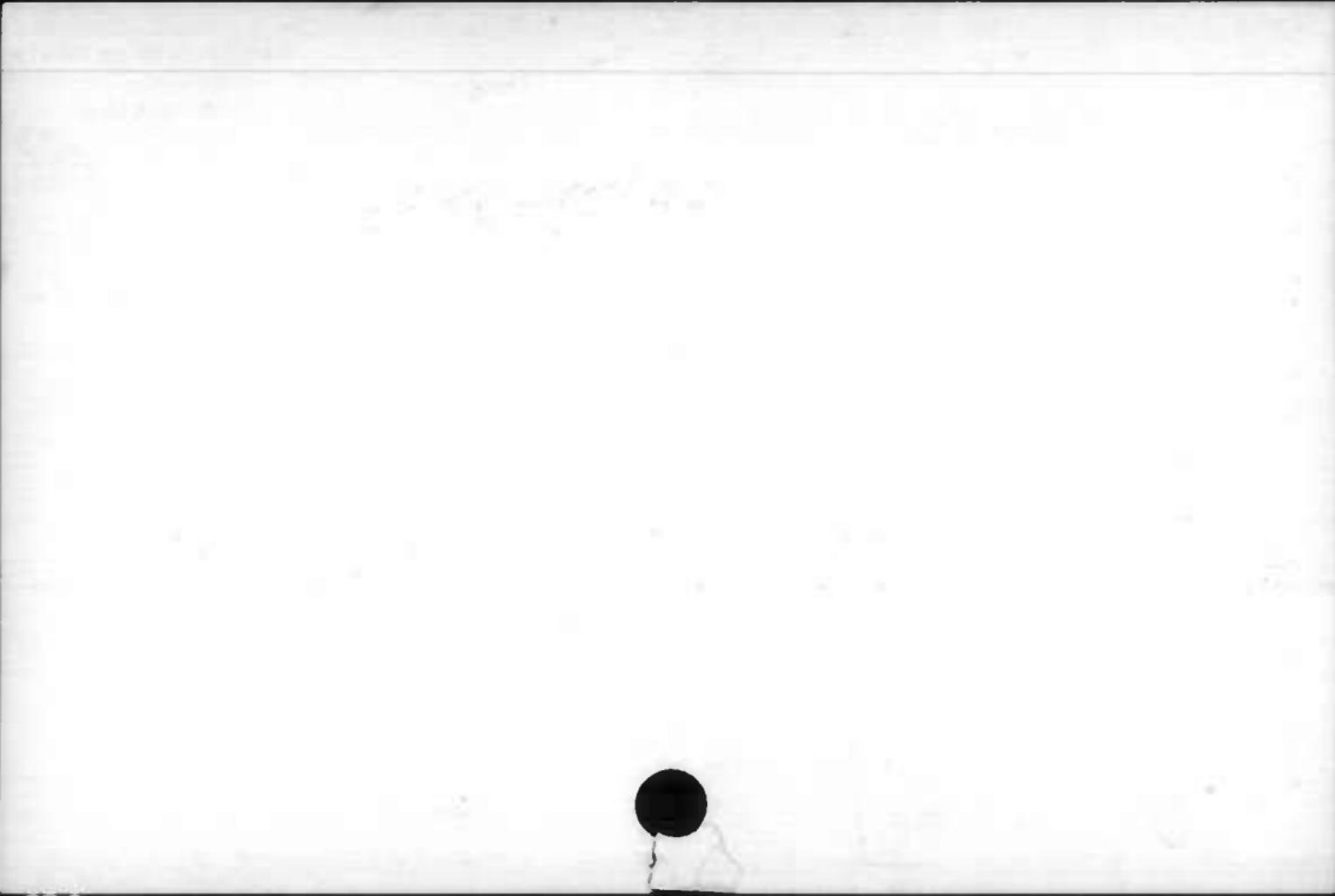
Yes

Signature of Physician

Address

J. M. Nichols
Denton Md.

Accident or Suicide



Name
in
Full

Raymond B Christopher

CERTIFICATE OF DEATH

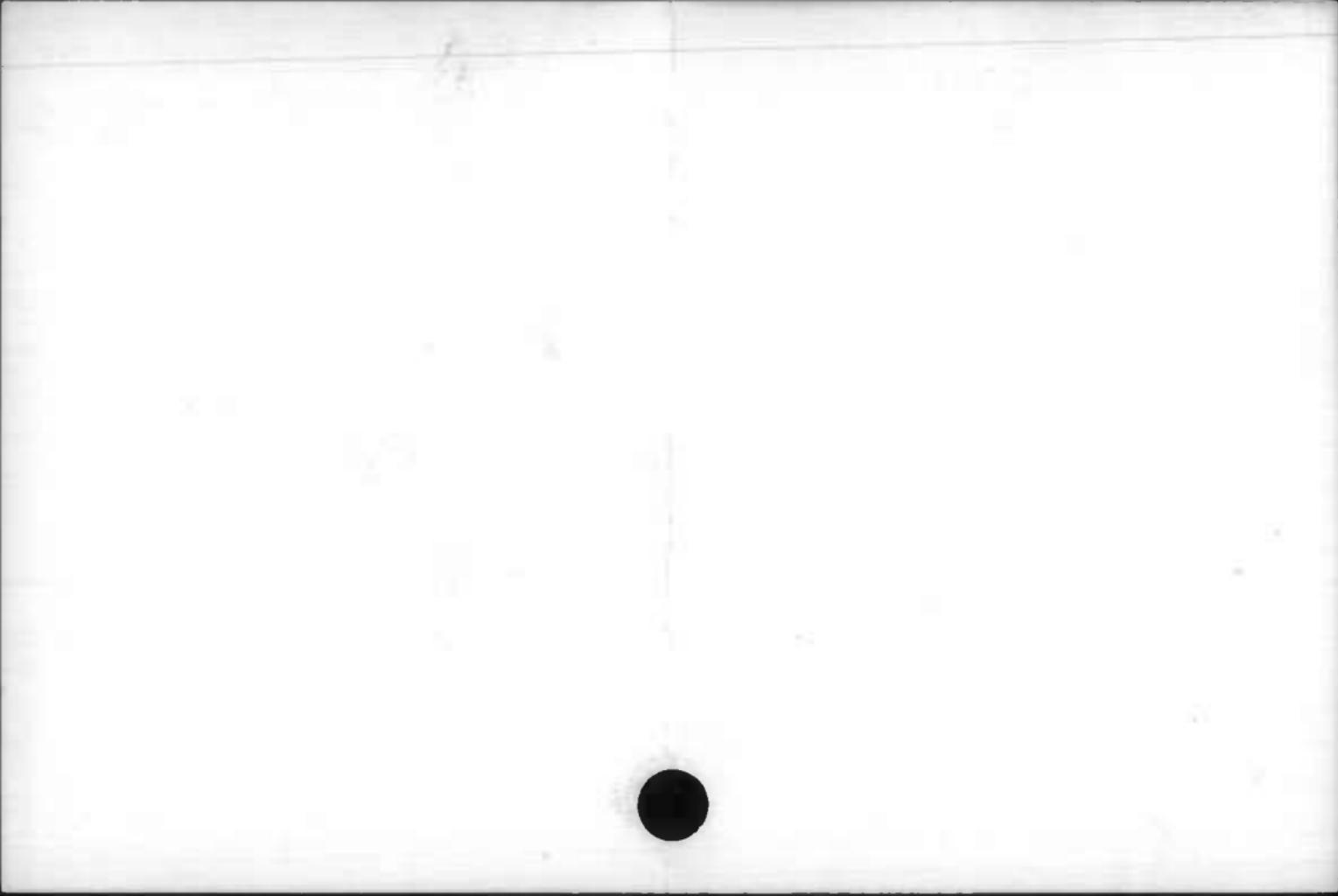
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Federalburg	To aoline	
Date of death	Month 1909	Day 28	Year
Sex	Male	Color or Race	white
Occupation	Sustent.	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Howard Christopher	Father's Birthplace	Caroline Co.
Mother's Maiden Name	Rosie Ford	Mother's Birthplace	Dorchester Co.
Name of person giving Information	Howard Christopher	How related to deceased	Father

CAUSES OF DEATH

Primary	Acute Milk Sulfation	How long	1 week
Immediate	Acute gastro-enteritis, cwe. B	How long	

PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above ? Signature of Physician Address
J	Yes. F. T. Brooks Federalburg Caroline Co. MD
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Q

Died at <u>Goldboro</u>		Town <u>Goldboro</u>	County <u>Caroline</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>2</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>4</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birthplace <u>Maryland</u>				
Occupation _____						
Married, Single or Widowed <u>singl</u>	Name of Wife or Husband _____					
Father's Name <u>Joseph Larney</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Virginia Sparks</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Joseph Larney</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

natural causes

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. Cooper Coroner
Goldboro

Address

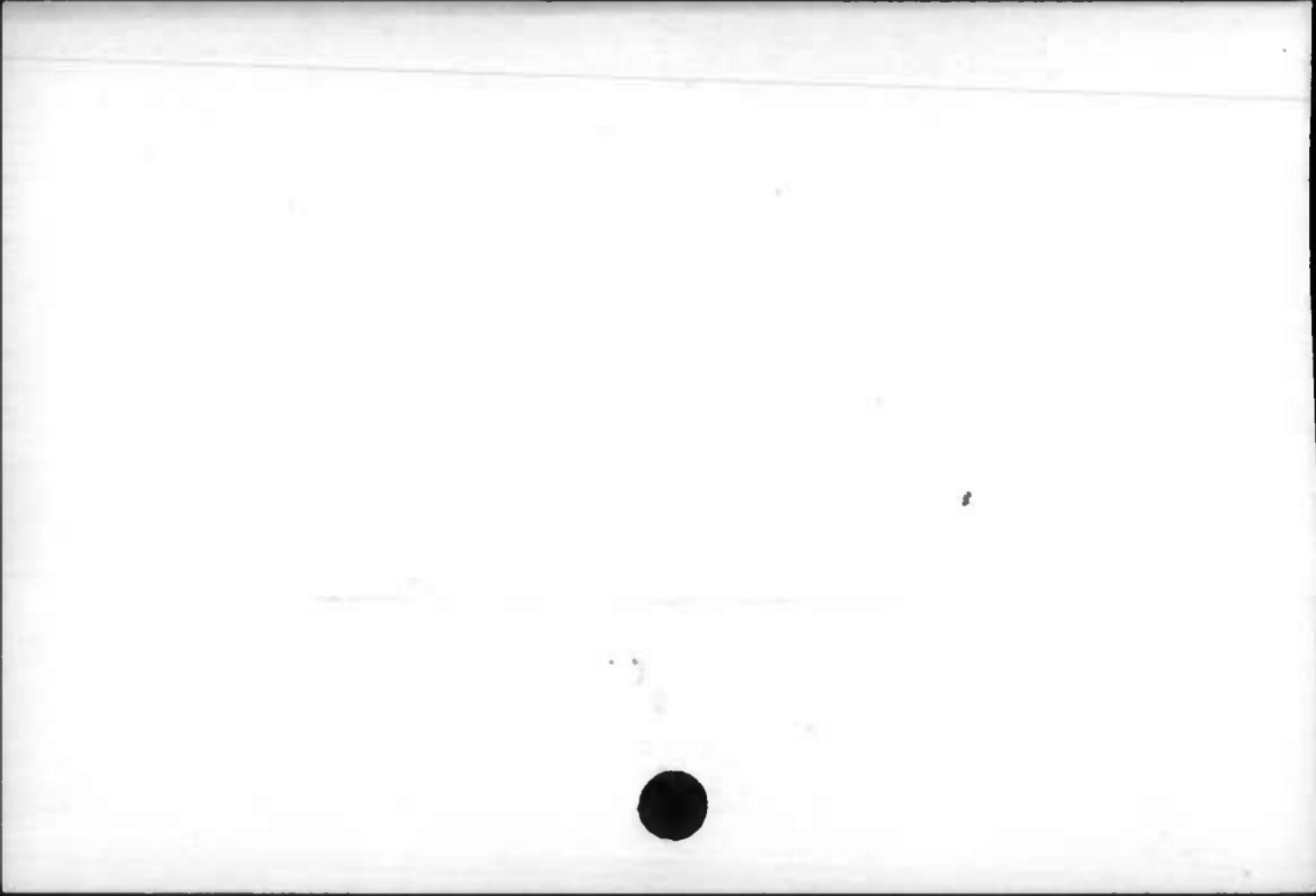
Accident or Suicide

179

How long

How long

4 Days



Name
in
Full

Charles Wilbur Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Maryland</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death	1909	Month 3	Day 28	Years —	Months 5	Days 23
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md.</u>	
Occupation	—		Where Residing if not at place of death	—		
Married, Single or Widowed	—		Name of Wife or Husband	—		
Father's Name	<u>James Daniels</u>		Father's Birthplace	<u>Md.</u>		
Mother's Maiden Name	<u>Stella Wilson</u>		Mother's Birthplace	<u>Md.</u>		
Name of person giving information	<u>James Daniels</u>		How related to deceased	<u>Father</u>		
CAUSES OF DEATH						
Primary	<u>Pneumonia</u>			93		
Immediate				How long 5 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>J. P. Smith</u>	
				Address	<u>Templeville Md.</u>	
Accident or Suicide?	<u>J</u>					



Name
in
Full

Lydia S Dicks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	a D Dicks		
Father's Name	John Wood			
Mother's Maiden Name	Ruth Burgess			
Name of person giving Information	Alice Davis			

CAUSES OF DEATH

93

How long

7 days

How long

3 months

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Heart Disease

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson
Federalsburg Md

Accident or Suicide?

no

1



Name
in
Full

Rochel Emory.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u>		Town <u>Columbia</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>25</u>	Years <u>Age</u>	Months <u>4</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Blond</u>	Birthplace <u>Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Elmer Emory</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Percy Rich</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Gen Rich</u>	How related to deceased <u>Aunt</u>				

X

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Pneumonia
Immediate Pneumonia

93

How long

2 mths
2 mths

Are the name, age, sex, color, date and place correctly given above?

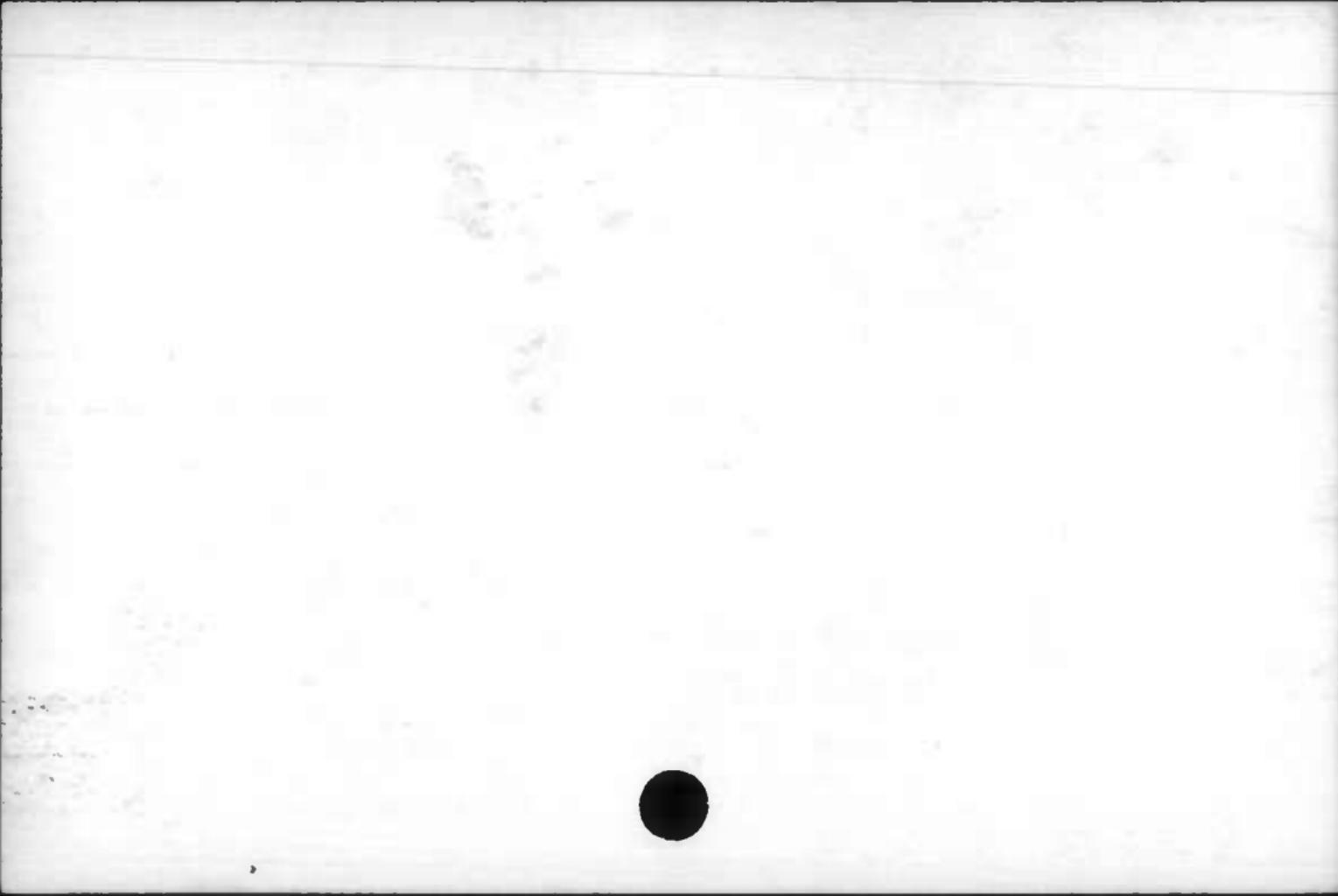
Y

Signature of Physician

J. W. Nichols

Address

Accident or Suicide



Name
in
Full

Chas. W. Fluming

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband	Francis Powell			
Father's Name	Nathan Fluming				
Mother's Maiden Name	Mary Turner				
Name of person giving Information	R. J. Bowes				

Q

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Probably arterio-sclerotic.

64

How long

Don't know.

Immediate

Apothecary (Cerebral)

How long

14 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. W. B. Bowes, M.D.
Hillsboro, N.C.

Accident or Suicide

Th.



Name
in
Full

James W Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

PHYSICIAN
OR CORONER

Died at <u>Near Greensboro</u>		Town	County <u>Caroline</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>2</u>	Day <u>1</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Greensboro</u>		
Occupation _____			Where Residing if not at place of death <u>near Greensboro</u>			
Married, Single or Widowed	Name or Wife or Husband					
Father's Name <u>James Hackett</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Clara Mathews</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Annie Mathews</u>			How related to deceased <u>aunt</u>			

CAUSES OF DEATH

93

How long

One week

How long

W.W. Foldsberry
Greensboro, Md.

Primary Pneumonia

Immediate

"

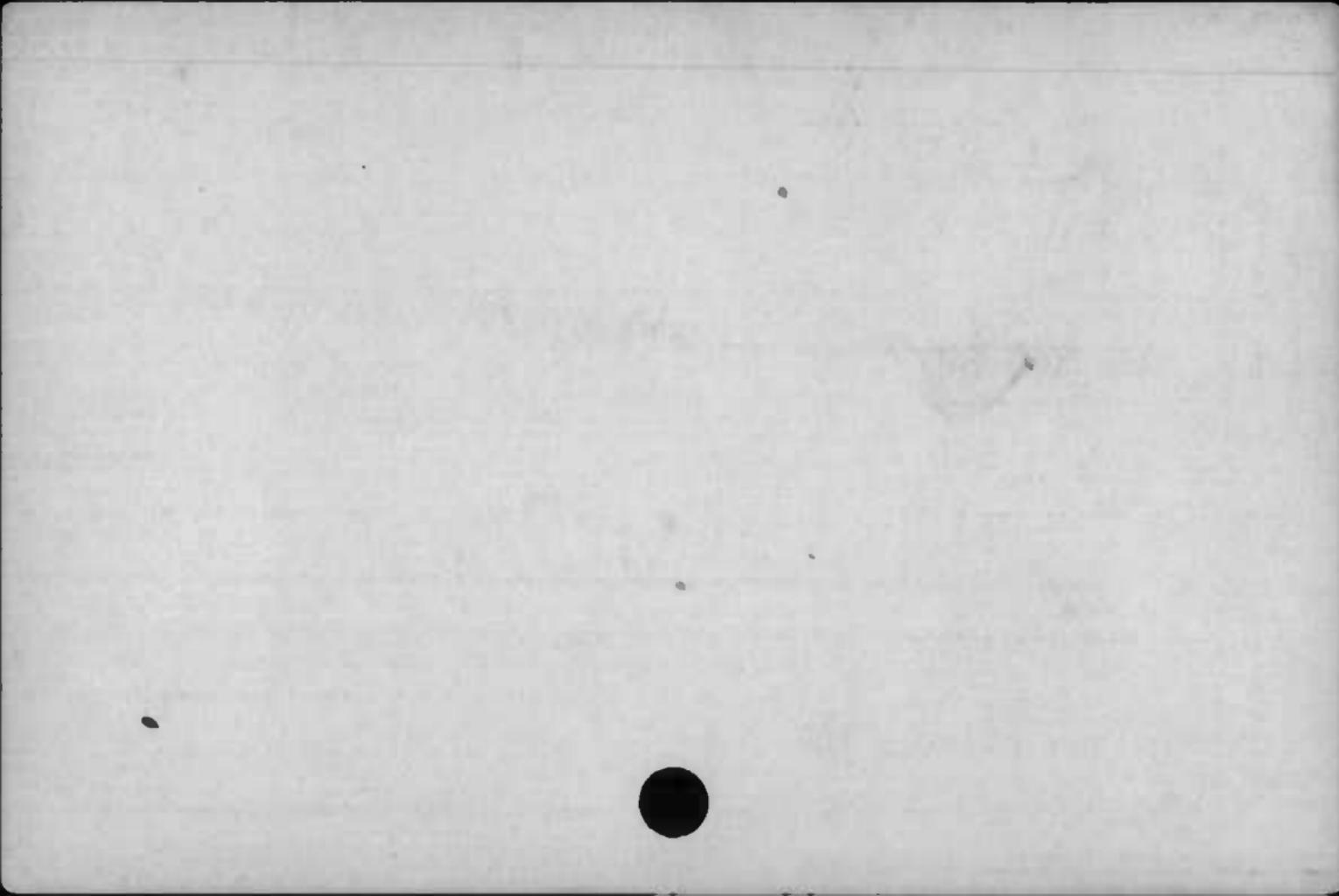
Are the name, age, sex, color, date and place correctly given above?

J
Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERThomas Jones
Caroline

MARYLAND

Died at Near Preston Town

County

Date of death 1909 Month FebDay 2

Years

Month 1Days 15Sex Female

Color or Race

Black

Birth-place

Near Preston Md

Occupation

Where residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Douk Reed

Father's Birthplace

Mother's Maiden Name

Mary Young

Mother's Birthplace

Name of person giving
InformationSamuel YoungHow related
to deceasedAck & M. Makay
Uncle

CAUSES OF DEATH

Primary

Cold

90

How long

2 weeks

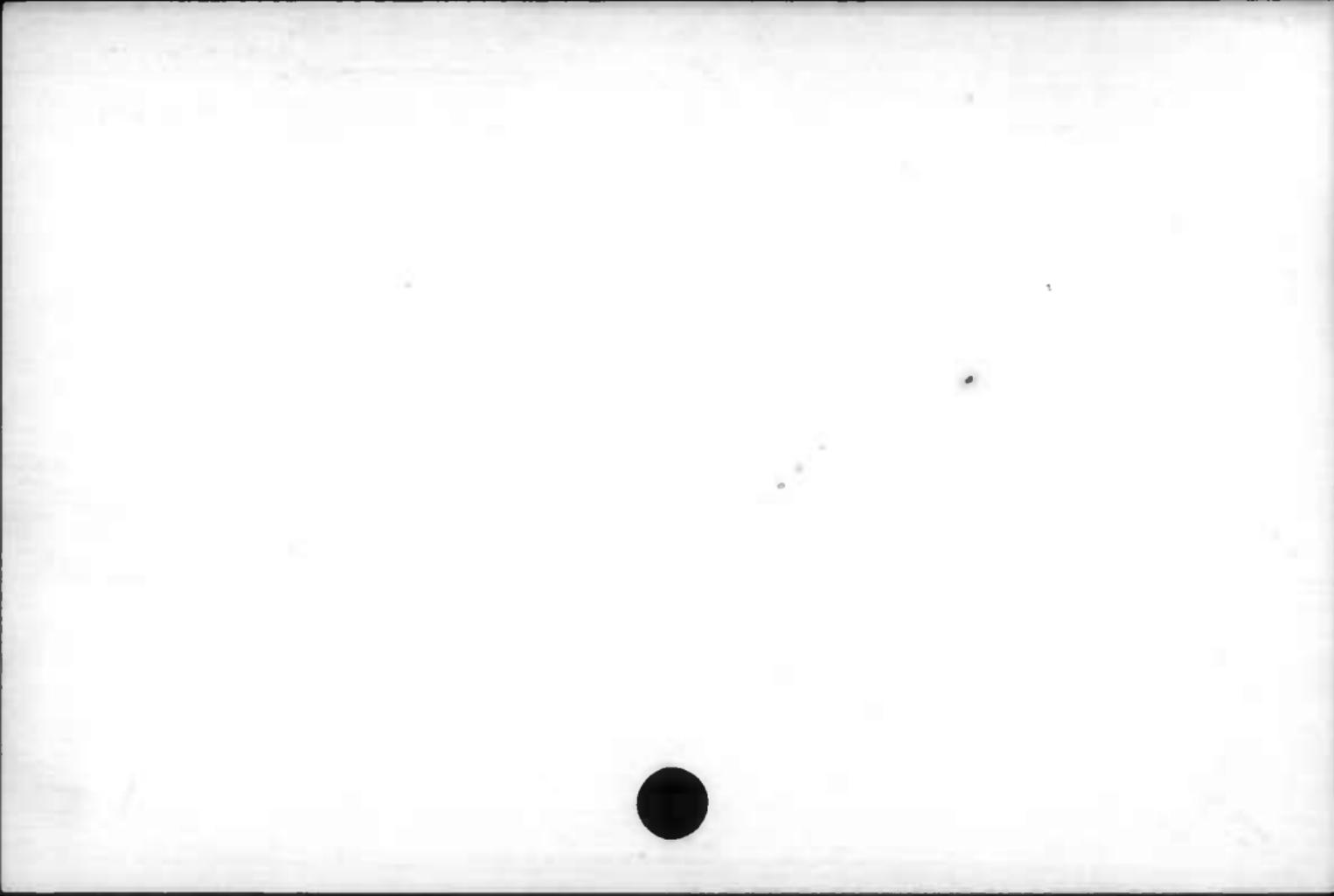
Immediate

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. L. Hobbs
Preston
Md

Accident or Suicide



Name
in
Full

Anna Elizabeth Pinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	near & on Bridge	Boonsboro			
Date of death	1909	Month Feb	Day 16	Years	Months
Sex	Female	Color or Race	White	Birthplace	Boonsboro
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	X			
Father's Name	Isaac L Pinson	Father's Birthplace St. Louis			
Mother's Maiden Name	Elizabeth M Gallion	Mother's Birthplace Boonsboro			
Name of person giving Information	Isaac L Pinson	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia
Exsanguination

Immediates

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

93

How long

3 days

How long

1 day

Jess B. Merritt
Exsanguination

Accident or Suicide



Name
in
Full

George W. Prince

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Federalsburg	Caroline	Month Feb.	Day 28.	Years 75-5
Date of death 1909	Age	Months	Days	
Sax Italian	Color or Race White	Birthplace Bradford Co. Pa.		
Occupation Farmer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Hattie E. Duff.	Father's Birthplace Bradford Co. Pa.		
Father's Name Geo. W. Prince	Mother's Birthplace Bradford Co. Pa.			
Mother's Maiden Name Eunice Tayrell	Name of person giving Information Edna Prince	How related to deceased Daughter		

CAUSES OF DEATH

93

How long

2 Weeks

PHYSICIAN
OR CORONER

Primary

Pneumonia

1 day

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

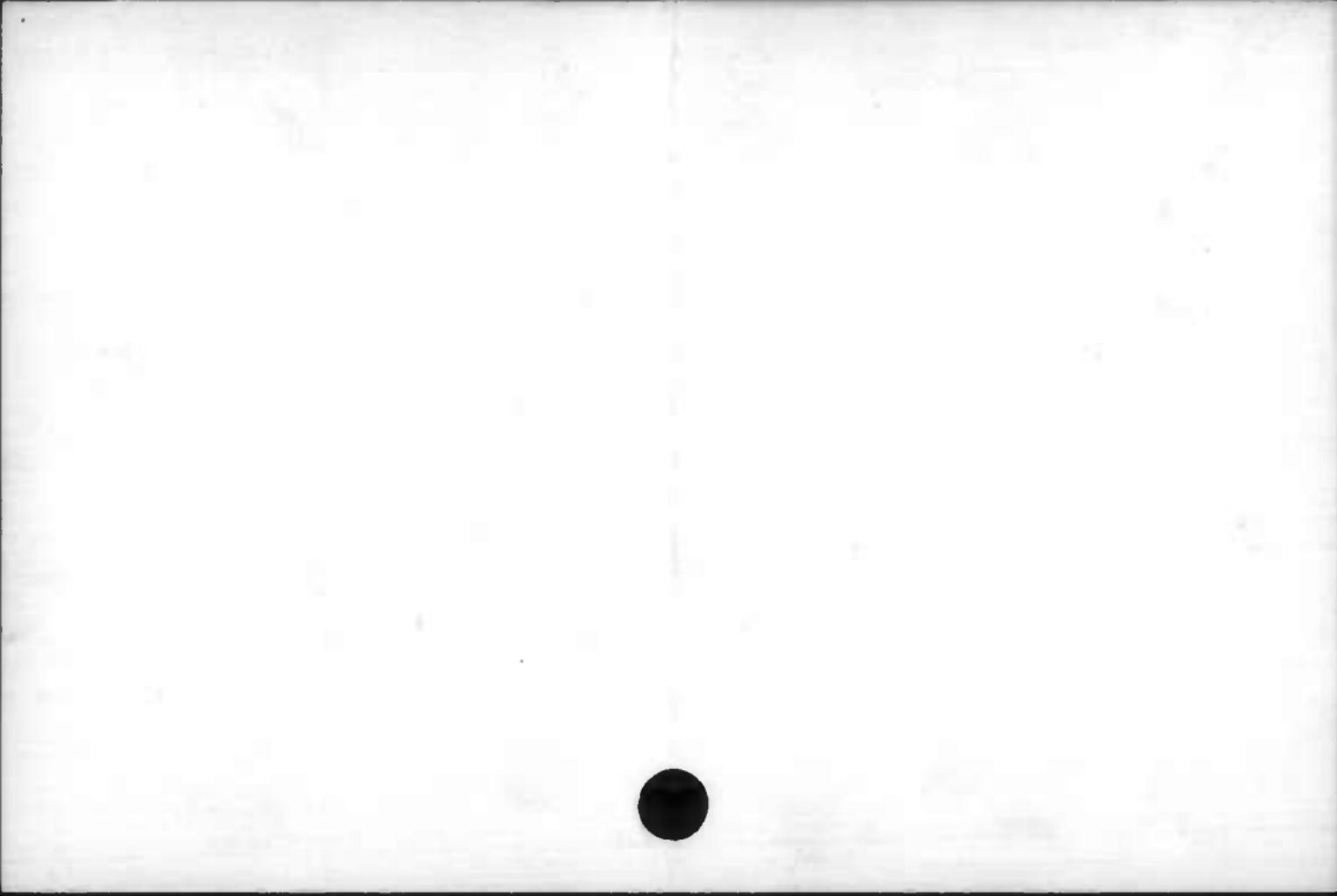
Signature of
Physician

F. J. Brooks

Address

Federalsburg
Caroline Co. Md.

Accident or Suicide



Name
in
Full

Ellie Smith

CERTIFICATE OF DEATH

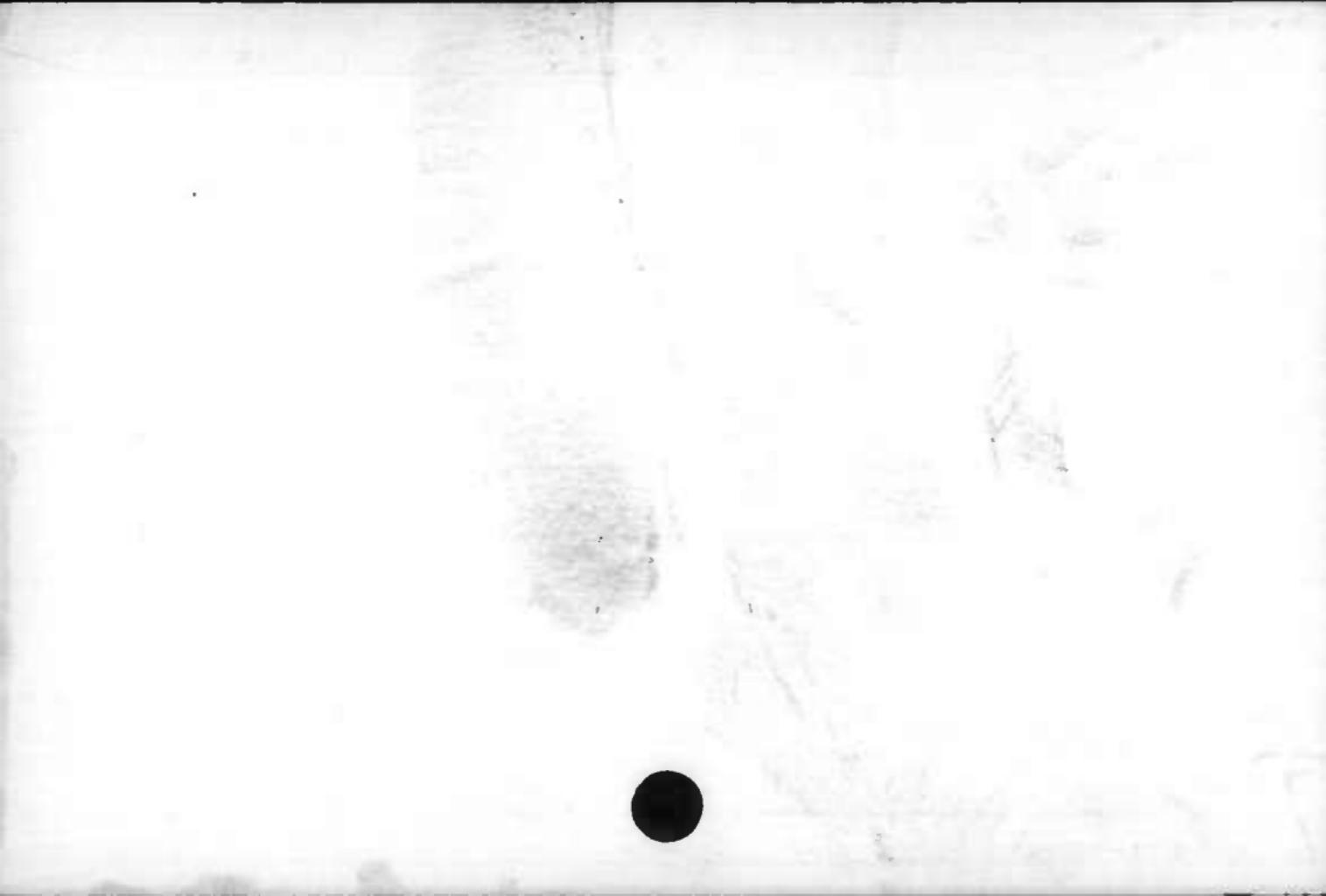
TO BE ANSWERED BY
NEAREST FRIEND

Town	Denton			County	Caroline	
Died at	Month	Day	Years	Month	MARYLAND	
Date of death 1909	2	15	46	-	Days	
Sex Female	Color or Race	Black			Birth-place	Mary
Occupation School Girl	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband mme			Father's Name	M. J. Smith	
Father's Name M. J. Smith				Mother's Maiden Name	mme	
Mother's Maiden Name Lucy Smith				Name of person giving information	Samson Balliford	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs			27	How long
Immediate	Tuberculosis of Lungs			6 mos	How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	G. N. Smith	
			Address	Denton MD	
8					
Accident or Suicide					



Name
in
Full

Lody Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 2 nd	Day 23	Age 74	Month 4	Day -
Sex Male	Color or Race White	Birth-place Del Co.			
Occupation Farmer	Where Residing if not at place of death -				
Married, Single or Widowed Married	Name of Wife or Husband Sarah Sandbury	Father's Birthplace Md.			
Father's Name Lody Sparks	Mother's Birthplace Md.				
Mother's Maiden Name Sallie (?)	How related to deceased Son				
Name of person giving information Saulbury Sparks					

Ox

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Arterio-scleriosis

81

How long

Entirely
Several years

Immediate

Pulmonary congestion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. R. Sparks, M.D.
Holliston, Me.

Accident or Suicide

No.



Name
in
Full

William Alexander Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Greensboro		County	Maryland	
Date of death	Month	Day	Years	Months	Days
1909	Feb	2	Age	5	14
Sex	Male	Color or Race	Black	Birth- place	Greensboro
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alexander Wilson				
Mother's Maiden Name	Alice Dora Berry				
Name of person giving Information	Alexander Wilson				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

31 days

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

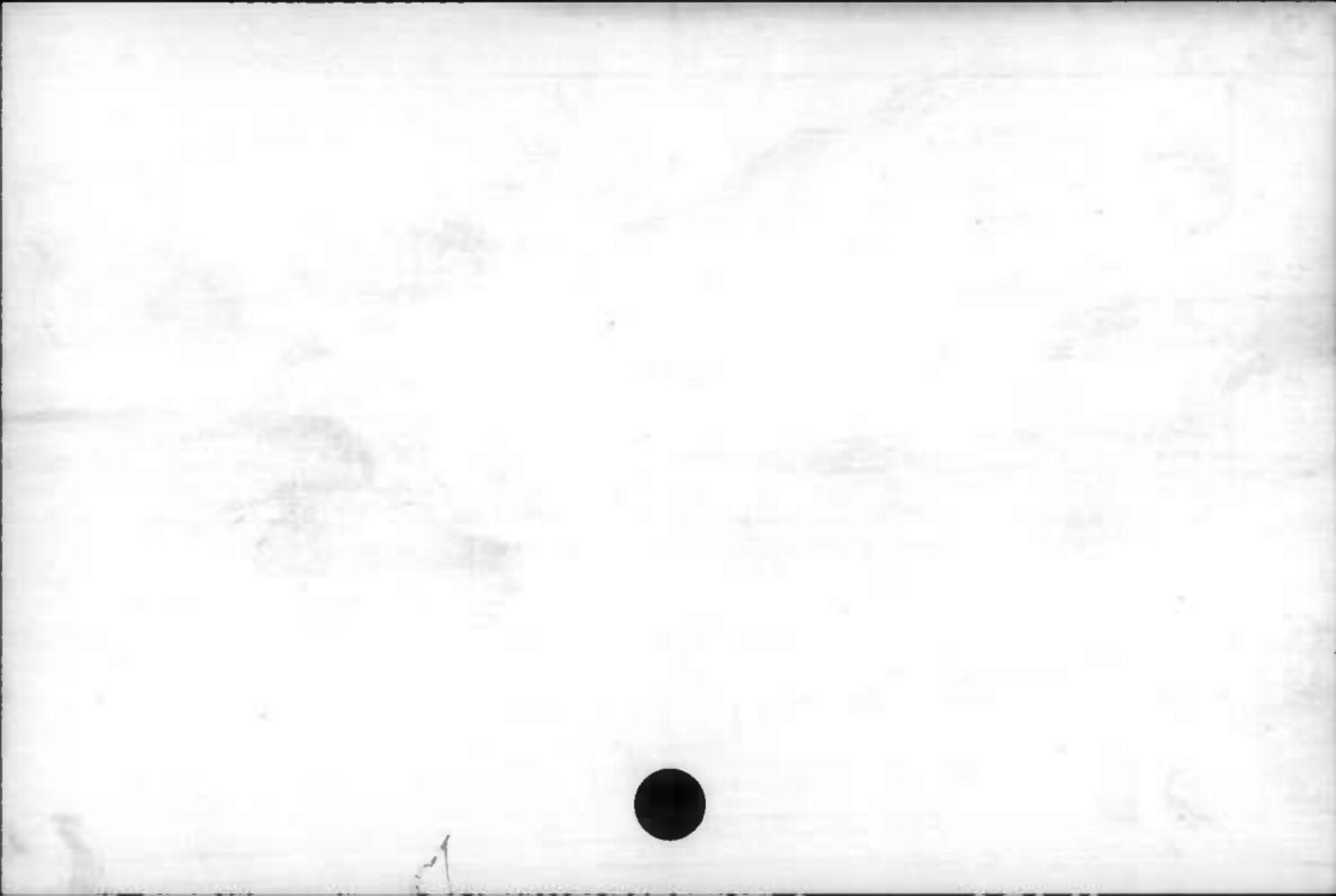
Yes

Signature of
Physician

Address

W.W. Goldsborough
Greensboro, Md.

Accident or Suicide



Name
in
Full

Theodore Brooks Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Mr. Smithville	Caroline				
Date of death 1909	Month Feb.	Day 1	Years	Month	Days
Sex Male	Color or Race White	Age 4			
Occupation Infant.	Where Residing if not at place of death				
Married, Single or Widowed Infant.	Name of Wife or Husband				
Father's Name E. W. Williams	Father's Birthplace Caroline Co				
Mother's Maiden Name Gertrude Williamson	Mother's Birthplace Fredsville Md				
Name of person giving Information E. W. Williams	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

105

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Yes

F. J. Brooks
Frederickburg
Md.

